



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**EXAMINING BOARD OF PHYSICAL THERAPISTS AND  
ATHLETIC TRAINERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR ATHLETIC TRAINER LICENSURE  
INSTRUCTION SHEET**

**General Information**

The application asks you to select whether you are applying for an initial license by examination or reciprocity or reinstating or reapplying for a lapsed license. Use this table to decide.

IF you...	THEN apply by...
need to take the Board of Certification for the Athletic Trainer (BOC) exam	Examination.
hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory)	Reciprocity.
already have BOC certification but do <b>not</b> hold a <i>current</i> license in another jurisdiction	Examination.
previously held a Delaware Athletic Trainer license <b>and</b> that license lapsed between one and five years ago	Reinstatement.
previously held a Delaware Athletic Trainer license <b>and</b> that license lapsed more than five years ago	Reapplication.

**Requirements for All Applicants**

- ☐ Submit completed, signed and notarized *Application for Athletic Trainer Licensure* to the Board office.
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
  - If you have recently graduated and a final degree is not yet available, arrange for the Board office to receive a letter from a school official stating that you have completed graduation requirements and the expected date of graduation. You must submit the official transcript showing the degree conferred and date as soon as it is available. No permanent license will be granted until the Board office receives the official transcript.
- ☐ Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- ☐ Arrange for the Board office to receive a verification letter from the Board of Certification for the Athletic Trainer (BOC) sent directly from BOC to the Board office.
  - To obtain a verification letter, see the [BOC web site](#).
  - If you become certified after filing this application, arrange for the Board office to receive the verification when you become certified.
- ☐ If you have ever held a license in another jurisdiction, arrange for the Board office to receive verification of licensure from **each** jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.
- ☐ Enclose a copy of your current CPR certification card (front and back).
  - Online CPR courses are **NOT** accepted.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

### **Additional Requirements for Temporary License by Examination**

If you have not taken the BOC examination, you may also apply for a temporary license to work in Delaware while awaiting your exam scores and BOC certification.

- You cannot apply for a temporary license without also applying for the permanent license by examination. Before applying for a temporary license, you must have a job and a supervising Physical Therapist or Athletic Trainer in Delaware.
- Delaware temporary licenses are valid only for work in Delaware.
- The Board office will issue your temporary license when it has received all required documentation other than verification of your BOC certification.
- While under temporary licensure, you must practice under the direct supervision of a Delaware-licensed Physical Therapist or Athletic Trainer. Section 1.2 of the Board's [Rules and Regulations](#) explains what direct supervision means.
- The temporary license is issued for three months. The Board must approve any extension of the temporary license.
- ***If you fail the BOC examination, the temporary license will expire immediately.***

To apply for a temporary license by examination, the following requirements apply in addition to the requirements listed above.

- ☐ Enclose the [temporary license fee](#) by check or money order made payable to "State of Delaware." This fee is in addition to the processing fee for the permanent license.
- ☐ Arrange for the Board office to receive a [Statement of Supervising Physical Therapist or Athletic Trainer – Temporary License](#) completed and signed by your supervising Physical Therapist or Athletic Trainer, sent directly to the Board office by supervisor.
- ☐ Arrange for the Board office to receive a letter directly from BOC stating that you are eligible to take the BOC examination.
- For BOC contact information, see the [BOC web site](#).

### **Additional Requirement for Reciprocity**

- ☐ Enclose a copy of proof that you have completed two hours of training in ethics related to the practice of athletic training.

### **Additional Requirement for Reinstatement or Reapplication**

If you previously held a Delaware license that is now lapsed, you may apply to reinstate it within five years of its expiration date. However, if it has been lapsed over five years, you must reapply for licensure. (See Section 11.2 of the Board's [Rules and Regulations](#).) Whether reinstating or reapplying, the following is required in addition to the items in the **Requirements for All Applicants** section above.

- ☐ Submit proof that you have completed 3.0 continuing education units (CEUs) during the previous 24 months.
- CEUs are explained in Section 13.0 of the Board's [Rules and Regulations](#).



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**APPLICATION FOR ATHLETIC TRAINER LICENSURE**

**TYPE OF APPLICATION**

1. Check the item that describes your situation (check one):

- ☐ Examination –
- ☐ I have not taken the Board of Certification for the Athletic Trainer (BOC) examination.
  - ☐ I already have BOC certification but I do not hold a *current* license in any jurisdiction. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
- ☐ Reciprocity – I hold a *current* license in another jurisdiction. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
- ☐ Reinstatement – I previously held a Delaware license that lapsed less than five years ago. My Delaware license number was J3 - \_\_\_\_\_. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
- ☐ Reapplication – I previously held a Delaware license that lapsed more than five years ago. My Delaware license number was J3 - \_\_\_\_\_. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
- If you checked Reciprocity, enclose a copy of proof that you have completed two hours of training in ethics related to the practice of athletic training.
  - If you checked Reinstatement or Reapplication, submit proof that you have completed 3.0 continuing education units (CEUs) during the previous 24 months.

2. Are you applying for a Temporary license while awaiting your BOC exam scores and certification? Yes ☐ No ☐ If yes, enter the following information about your Delaware-licensed supervising Physical Therapist or Athletic Trainer:

Name: \_\_\_\_\_ Delaware License Number: J \_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Arrange for the Board office to receive the following:

- [Statement of Supervising Physical Therapist or Athletic Trainer – Temporary License](#) completed and signed by your supervising Physical Therapist or Athletic Trainer, sent directly to the Board office by the supervisor
- letter directly from the BOC stating that you are eligible to take the BOC examination

**IDENTIFYING AND CONTACT INFORMATION**

3. Full Name: \_\_\_\_\_  
Last/Family First Middle

4. Other Names Used: ☐ None \_\_\_\_\_  
(Include maiden, former married names and alternate spellings.)

5. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐

6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

8. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ ☐ None  
                    daytime                      evening or cell

## EDUCATION

9. Enter the following information about **each** college/university where you earned a degree in athletic training:

COLLEGE/UNIVERSITY	CITY, STATE/PROVINCE & COUNTRY	DATES ATTENDED		DEGREE OR CERTIFICATE
		From	To	

Arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.

## CERTIFICATION AND LICENSURE HISTORY

10. Do you have BOC certification? Yes ☐ No ☐

Arrange for the Board office to receive a verification letter from the BOC sent directly from BOC to the Board office. If you become certified after filing this application, arrange for the Board office to receive the verification when you become certified.

11. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training and hold **current** CPR certification? Yes ☐ No ☐

Submit a copy of your current CPR card (front and back) to the Board office.

12. Have you ever held a license to practice athletic training in another jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ If yes, list **each** jurisdiction where you have **ever** held, a license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

Arrange for a verification of licensure to be sent *directly* to the Board office from **each** jurisdiction listed.

## DISCLOSURES

13. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.

14. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.

15. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.

16. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.

## DUTY TO REPORT

17. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a report with the Division of Professional Regulation if you have knowledge that another PT, PTA or AT licensee has violated the Board's Code of Professional Conduct in Section 12.0 of its [Rules and Regulations](#) or has violated any other Delaware law or rule pertaining to physical therapy or athletic training.

I certify that I have read and understand [Section 12.23](#) of the Board's Rules and Regulations and that I understand my *duty to report*. Yes ☐ No ☐

**If Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-8 weeks to receive your license.**

## AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fee is not refundable.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Signature of Notary: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**



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**STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER  
Temporary License**

**INSTRUCTIONS**

**When to File**

If an applicant for Physical Therapist (PT), Physical Therapist Assistant (PTA) or Athletic Trainer (AT) licensure meets specific requirements, the Delaware Board may issue a Temporary license to the applicant awaiting his or her permanent license. While practicing under a Temporary license, the applicant must be under **direct supervision**.

This form is required before the Board office can issue a Temporary license. The form's purpose is to document that the applicant has a Delaware-licensed supervising PT/AT and that the supervisor understands his or her responsibility.

The supervising PT/AT completes, signs and submits the form **directly** to the Board office. The supervisor is responsible for the actions of the applicant under his/ her supervision and must document all supervision. If the applicant has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

**Supervision**

**Direct supervision** in connection with a PT or AT practicing under a temporary license means:

- A licensed PT or AT supervisor must be on the premises when the person with a temporary license is practicing.
- The supervisor must sign all evaluations and progress notes written by the person with a temporary license.

**Direct supervision** in relation to a PTA who has less than one year experience means a PT must be on the premises at all times and see each patient.

To read the complete rules on supervision, see Section 1.2 of the Board's [Rules and Regulations](#).

**Applicants are *not* allowed to begin practicing until the temporary license is issued. To look up the status of the temporary license online, go to [www.dpr.delaware.gov](http://www.dpr.delaware.gov) and click [Verify License Online](#).**

**APPLICANT INFORMATION**

1. Applicant Name on Application: \_\_\_\_\_  
Last/Family First Middle

2. Check type of license applied for: PT ☐ PTA ☐ AT ☐

**SUPERVISOR INFORMATION**

3. Supervisor's Name on License: \_\_\_\_\_  
Last/Family First Middle

4. Delaware License Number: J \_\_\_\_\_ - \_\_\_\_\_

5. Address Where Supervision Will Occur: \_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Street City **DE** Zip  
State

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor. I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Instructions for Requesting a Criminal Background Check

**Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.**

## Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 S. Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(between Rts. 72 and 896 on Rt. 40)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Thurman Adams State Service Center  
546 S. Bedford Street, Rm. 202  
Georgetown DE 19947  
(across from DelDOT & Troop 4)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at [www.fbi.gov](http://www.fbi.gov) – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.**

**DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

**⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS**

*Please print or type all information in black ink.*

**Check the type of license for which you are applying:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)                              | <input type="checkbox"/> Physical Therapy/Athletic Trainer                             |
| <input type="checkbox"/> Charitable Gaming Vendor  | <input type="checkbox"/> Nursing (RN, LPN, APRN)   | <input type="checkbox"/> Podiatry  |
| <input type="checkbox"/> Chiropractic  | <input type="checkbox"/> Nursing Home Administrator  | <input type="checkbox"/> Psychology  |
| <input type="checkbox"/> Dental  | <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral   | <input type="checkbox"/> Optometry   | <input type="checkbox"/> Speech/Hearing  |
| <input type="checkbox"/> Massage   | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work   |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) |  | <input type="checkbox"/> Texas Hold'em Individual                                      |

**Print your current full name:**

\_\_\_\_\_  
Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

**Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Mail the results of my criminal history request to:**

**Division of Professional Regulation  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**